

LARRY HOGAN
Governor
BOYD K. RUTHERFORD
Lt. Governor
KENNETH C. HOLT

Secretary

COMPLAINT FORM (Complete in Black Ink)

PART A

I. Consumer's Name: MIr/N	Irs/Ms/Miss					
Last	First		Middle _			
2. Street Address:						
3. Mailing Address:						
4. Tel. Nos: Home: () Work: ()			
PART B						
1. Manufacturer:						
2. Street Address:						
City, State, Zip:						
3. Telephone No. : ()					
4. Date of Manufacture		Plant (Name or	r #)
5. Home Size: Single Wide	e, Multi-Wide,	Length feet.	Width feet			
6. Date Purchased:	Date Deliv					
7. HUD Label Nos.	Se	erial Nos.				
8. Purchased: New, U	Used,	Repossession		Moved: Yes	No	
PART C						
1. Dealer:						
2. Address: Street						
City, State, Zip						
3. Tel. No. () Contact/Salesm	an				
PART D						
1. Installer:						
2. Address:						
City, State, Zip						
3. Home Builder Registrati	on Number					







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PART E

1. Have you previously filed a complaint form? Yes No If yes, please identify when, where
and provide complaint/case # (if known).
2. Did you contact dealer? Yes No Manufacturer? Yes No (Contract was written verbal (phone or in person) ? Both)?
3. Have you contacted anyone else (e.g., Consumer Affairs, Better Business Bureau, Attorney?
4. Please list those notified:
PART F
1. List problems:

Signature Date:

Return information to
MARYLAND DEPT. OF HOUSING & COMMUNITY DEVELOPMENT
MARYLAND CODES ADMINISTRATION
7800 HARKINS ROAD
Lanham MD 20706

Contact Person: CHARLES COOK Phone: (301) 429-7649



